

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/567,682-Conf. #4473
	Filing Date	February 9, 2006
	First Named Inventor	Yoshiharu WAKAO
	Art Unit	1797
	Examiner Name	L. A. Stelling
	Attorney Docket Number	0397-0503PUS1

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- all the practitioners of record;
 the practitioners (with registration numbers) of record listed on the attached paper(s); or
 the practitioners of record associated with Customer Number: 2292

NOTE: This immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> 10.40(b)(1) | <input type="checkbox"/> 10.40(b)(2) | <input type="checkbox"/> 10.40(b)(3) | <input type="checkbox"/> 10.40(b)(4) |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii) | <input type="checkbox"/> 10.40(c)(1)(iii) | <input type="checkbox"/> 10.40(c)(1)(iv) |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input type="checkbox"/> 10.40(c)(1)(vi) | <input type="checkbox"/> 10.40(c)(2) | <input type="checkbox"/> 10.40(c)(3) |
| <input type="checkbox"/> 10.40(c)(4) | <input type="checkbox"/> 10.40(c)(5) | <input type="checkbox"/> 10.40(c)(6) Please explain below: | |

Certifications

Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.

1. I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
2. I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
3. I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

The client has instructed us to transfer the above-identified application to another law firm. Therefore, the reasonable notice required by box 1 should not be necessary.

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF CORRESPONDENCE ADDRESS**

Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.

Change the correspondence address and direct all future correspondence to:

A. The address of the inventor or assignee associated with Customer Number: _____

OR

B. Inventor or
Assignee Name _____

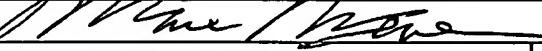
Address: Mr. Richard L. Treanor

OBLON, SPIVAK, McCLELLAND, MAIER & NEUSTADT, P.C.
1940 Duke Street

City	Alexandria	State	Virginia	Zip	22314	Country	USA
------	------------	-------	----------	-----	-------	---------	-----

Telephone	703-4132220	Email
-----------	-------------	-------

I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature 

Name	Marc S. Weiner	Registration No.	32,181
------	----------------	------------------	--------

Address Birch, Stewart, Kolasch & Birch, LLP
8110 Gatehouse Road
Suite 100 East

City	Falls Church	State	VA	Zip	22040-0747	Country	US
------	--------------	-------	----	-----	------------	---------	----

Telephone	(703) 205-8000	Email	mailto:mailoom@bskb.com
-----------	----------------	-------	-------------------------

Date	OCT 7 2008	Telephone No.	(703) 205-8000
------	------------	---------------	----------------

NOTE: Withdrawal is effective when approved rather than when received.